

New Student Enrollment and Registration Forms 2018-2019



Water of Life Lutheran School

5430 S. Grand Canyon Dr

Las Vegas, NV 89148

www.wateroflifeschool.org

702.253.7020



Enrollment Forms Checklist

Student Name: _____

DOB: _____

ALL paperwork* must be submitted to the Front Office at least one week before a student's start date. A student will not be admitted to class without a complete file.

- Registration and Enrollment Form (online)
- Program Selection Form
- Student and Family Information Form
- Financial Agreement Form
- Tuition Express Application Form (credit card **or** bank account authorization)
- Photo Release/Information Form
- Emergency Contact/Emergency Authorization Form
- Health Evaluation Form (must be completed by a health care professional)
- Authorization to Administer Medications Form (if required)
- Copy of Immunization Record
- WebZ Form
- Copy of Birth Certificate
- Copy of a parent or guardian's driver's license

- *Signed Parent Handbook Receipt (may be turned in on student's first day)



Program Selection Form

Child's Name: _____

Child's DOB: _____

School Year: _____

Please choose from the options below:

Preschool Class

- Full time M-F (8:00am-4pm)
- Part time M-F (8:00am-12:00pm)
- Full time Tu, Th (8:00am-4pm)
- Part time Tu, Th (8:00am-12:00pm)

Pre-K Class

- Full Time M-F (8:00am-4pm)
- Part Time M-F (8:00am-12:00pm)
- Full Time M-W-F (8:00am-4pm)
- Part Time M-W-F (8:00am-12:00pm)

Kindergarten Class

Full Day 8:00am-2:15pm (M-F) After care available till 4pm

Half Day 8:00am-12:00pm (M-F)

Extended Care am - 7:00-8:00

Extended Care pm - 4:00-6:00

Were you referred to our school by another Water of Life Lutheran School family?

Please list them here:

Parent/Guardian Signature

Date



Financial Agreement Form

Child's Name: _____

Child's DOB: _____

Please indicate which program you are enrolling your child in:

PRESCHOOL & PRE-K Classes

WEEKLY TUITION RATES

	M	CNM	NM
___ Full time 5 days (8:00am-4pm)	\$150	\$165	\$175
___ Part time 5 days (8:00am-12:00pm)	\$115	\$130	\$145
___ Full time 3 days (8:00am-4pm)	\$95	\$110	\$125
___ Part time 3 days (8:00am-12:00pm)	\$75	\$85	\$100
___ Full time 2 days (8:00am-4pm)	\$65	\$75	\$85
___ Part time 2 days (8:00am-12:00pm)	\$50	\$60	\$70
___AM Extended Care (7:00-8:00)			
___PM Extended Care (4:00-6:00)			
___ Sibling Discount \$10 per week			

KINDERGARTEN HALF DAY & FULL DAY

WEEKLY TUITION RATES

	M	CNM	NM
___ Full day	\$150	\$165	\$175
___ Half day	\$115	\$130	\$145

Registration Fee

- ___ \$150
New Student next school year _____
Please indicate school year
- ___ \$125
Returning Student next school year _____
Please indicate school year
- ___ \$100
New Student, Jan- May current school year _____
Please indicate school year

Applicable Tuition Discounts

- ___ (M) Water of Life/KFLC member
- ___ WELS member
- ___ Sibling Discount
- ___ (CNM) Certified non-member
Requires completion of the "4 Key Concepts" Class

Kindergarten Book Fee: ___ \$100

Billing Options

Please choose from the following billing options. Payments processed through Tuition Express, our auto-debit service.

- ___ Once-a-week tuition payment on the last Friday of the week for the coming week of school.
- ___ Pay with a check or cash and use the drop box in the front office.

Terms and Conditions

A non-refundable registration fee is due at the time of registration and enrollment.

Tuition payments will be billed and processed via Tuition Express, or as specified in the Billing Options section of this form.

A \$3.50 **per transaction** fee is applied to MasterCard and Visa payments.

Tuition covers **only** the **academic school year**. The calendar that you received in your enrollment packet lays out our holiday schedule.

You are not charged tuition for one week at **Thanksgiving, Easter Break** and two weeks for **Christmas Break**. There are **37 weeks** of school that require tuition payments.

A \$25 insufficient funds fee will be charged if payment is denied.

Non-payment of tuition will result in termination of student privileges at the school.

In the case of a no-notice withdrawal from school, the tuition for that month is non-refundable and partial months will not be refunded.

The school requires at least two weeks' notice of intent to withdraw a student.

Parent/Guardian Signature

Date



Student and Family Information Form

Child's Name: _____

Child's DOB: _____

Date of Baptism: _____ Not Baptized: _____

Parent/Guardian Information

Mother's Name: _____

Occupation: _____

Employer: _____ Phone: _____

Employer Address: _____

Church Membership: (please select from the choices below)

- Water of Life Lutheran Church
- Korean Fellowship Lutheran Church
- Other Christian church
- Other
- None of the above

Father's Name: _____

Occupation: _____

Employer: _____ Phone: _____

Employer Address: _____

Church Membership: (please select from the choices below)

- Water of Life Lutheran Church
- Korean Fellowship Lutheran Church
- Other Christian church
- Other
- None of the above

Additional Family Information

Please list other children in your family:

Name	Age	Living with your child? Y/N
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Please list any additional persons living with your child, and their relationship to your child:

Please list persons who are authorized to pick up your child, and their relationship to your child:

Please list persons who are NOT authorized to pick up your child: (please provide documentation)



Emergency Contact/ Emergency Authorization Form

Child's Name: _____

Child's DOB: _____ **Child's SSN:** _____

Address: _____

Mother's Name: _____

Address: _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Father's Name: _____

Address: _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Additional Emergency Contacts:

Name: _____

Address: _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Relationship to child: _____

Name: _____

Address: _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Relationship to child: _____

Health Information

Does your child have any food allergies? (please list)

Does your child have any of the following:

- Asthma Diabetes
- Epilepsy/Seizures Seasonal Allergies

Other serious health issues:

Does your child have any need to restrict activities? _____ (Y/N)

If yes, please explain: _____

Does your child have any special needs, problems or fears? _____ (Y/N)

(Physical impairments, speech difficulties, learning disabilities, behavioral disorders, developmental delays)

Is your child taking any prescription medication? _____ (Y/N)

Will your child need to receive the medicine while in school? _____ (Y/N)

If yes, please fill out the Authorization to Administer Medications Form

What else would you like us to know about your child?



Parent/Guardian Signature

Date

General Information

With whom does your child primarily live? (Please list)

Please list any preschools, daycare, or family home care centers your child has attended:

Name	Dates
_____	_____
_____	_____

Does your family speak a primary language other than English? If so, what language?

Has your child had the opportunity to play or associate with other children? _____ (Y/N)

What ages? _____

Please circle any characteristics that describe your child:

- | | | | |
|-------------------------|------------------|-------------------|-------------|
| easily angered | active/energetic | easily distracted | adventurous |
| patient | shy/quiet | focused | inquisitive |
| respectful/listens well | independent | argumentative | creative |
| controlling/bossy | reserved | emotional | sociable |
| friendly | talkative | cautious | cooperative |

What are your expectations for your child at our school?

Health Care Provider's Name: _____

Address: _____

Phone: _____

Dentist's Name: _____

Address: _____

Phone: _____

Special instructions if child is injured or ill:

Medical Release

I authorize Water of Life Lutheran School to seek emergency medical treatment for my child. I give permission to the emergency health care providers to secure proper emergency treatment and to order injections, anesthesia, or other emergency treatment if I/we cannot be contacted. It is understood that a conscientious effort will be made to locate me/us before action is taken. If it is not possible to locate us, I accept the expense. In the event of life-threatening emergency, I understand that "911" will be called to take my child to my preferred hospital or the closest available facility.

Preferred hospital: _____

Parent/Guardian Signature

Date



Health Evaluation Form

Water of Life Lutheran School, 5430 South Grand Canyon Dr, Las Vegas NV 89148 (702-253-7020)
Form may be emailed to wateroflife@cox.net

Please have a health care professional complete this form (M.D., R.N., P.A., or D.O.)

Child's Name: _____

Child's DOB: _____

Parent's name: _____

Address: _____

Status of the above child's health:

Any known conditions under treatment:

Is the child capable of adjusting to the programs of the school's facility? _____ (Y/N)

If no, please explain:

Health Care Provider's name: _____

Address: _____

Phone: _____

Health Care Provider's signature

Date



Authorization to Administer Medications Form

All medication must be in original container, labeled with the child's name, health care provider's name, name of medication, directions for use and the date prescribed. All medications must be stored with the school office.

Child's Name: _____

Child's DOB: _____

Medication: _____

Time to be given: _____

Dosage: _____

Medication: _____

Time to be given: _____

Dosage: _____

Medication: _____

Time to be given: _____

Dosage: _____

Medication: _____

Time to be given: _____

Dosage: _____

Health Care Provider's Name: _____

Phone: _____

Parent/Guardian Signature

Date



Photo Release/ Information Release Form

Child's Name: _____

Child's DOB: _____

Photo Release

I understand that photographs of children participating in school programs may be taken occasionally and may appear in newspapers, magazines, brochures, or other publicity materials.

Please initial

I do _____ / I do not _____ give permission for Water of Life Lutheran School to use photos or videos which may include my child in newspapers, magazines, brochures, or other publicity materials; or for viewing by members/families of Water of Life Lutheran Church and/or School.

Information Release

I understand that there may be circumstances when the Director of the school may be asked to release certain information regarding my child to official representatives of the Nevada State Child Care Licensing authorities, the Health Department, or other government officials.

Please initial

I do _____ / I do not _____ give permission for the Director or authorized staff of Water of Life Lutheran School to grant access to my child's information by appropriate state or county government officials during inspections, provided they are acting in accordance with their official duties.

Notification of NRS.178

I am aware that I have the right to request and review any complaints the facility has received within the last 12 months of my child's enrollment.

Kindergarten Parent Notification of Exempt Status

This school "is operated as an exempt school under the provision of NRS 394.211 and as such is exempt from the provisions of the Private Elementary and Secondary Education Authorization Act."

Parent/Guardian Signature

Date



School Supplies List

Your child should bring the following items on Back to School Night or on the first day of school:

- complete change of clothes (including underwear and socks) in a zip top bag
- Box of tissues
- Canister of disinfecting/'clorox' wipes
- Backpack large enough to hold 8.5" x 11" papers/folder
- Lunch box w/cold pack if your child is staying for lunch
- Crib sheet and blanket if your child is staying after lunch
- Small bottle hand sanitizer
- Box of 24 count Crayola Crayons

Additional supplies for Kindergarten students:

- Package of 3x3 Post-It Notes